Kansas Department of Agriculture Division of Food Safety and Lodging 1320 Research Park Drive, Manhattan, KS 66502 (office) 785-564-6767 (fax) 785-564-6779

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| insp Date | : 3/19/2015 B | นรiness เบ: | 106002FE | inspection: 77001229 |
|-----------|----------------------|-------------|----------|-----------------------|
| Business: | NINFAS | | | Store ID: |
| | | | | Phone: 9136211743 |
| | 964 KANSAS AVE | = | | Inspector: KDA77 |
| | KANSAS CITY, KS | S 66105 | | Reason: 02 Follow-up |
| | | | | Results: No Follow-up |

Time In / Time Out

| Date | In | Out | Insp | Travel | Total | Mileage | Notes; |
|----------|----------|----------|------|--------|-------|---------|--------|
| 03/19/15 | 11:35 AM | 11:53 AM | 0:18 | 0:08 | 0:26 | 0 | |
| Total: | | | 0:18 | 0:08 | 0:26 | 0 | |

| FOOD ESTABLISHMENT PROFILE | | | | | | | | | | |
|---|-----------|-------|--------------|--------|-------|------------|--|--|--|--|
| Insp. Notification Print | | Lic | . Insp | o | No | | | | | |
| Priority(P) Violations 1 Priority foundation(Pf) Violations 1 | | | | | | | | | | |
| Certified Manager on Staff · · · Address Verified þ Certified Manager Present · · | Actua | l Sq. | Ft. <u>0</u> |) | | | | | | |
| INSPECTION INFORMATION | | | | | | | | | | |
| Risk factors are improper practices or procedures identified as the most prevalent contributing factors of food-borne illness or injury. Public health interventions are control measures to prevent food-borne illness or injury. Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. Violations cited in this report must be corrected within the time frames entered below, or as stated in sections 8-405.11 of the food code. | | | | | | | | | | |
| P=Priority Violation, Pf=Priority foundation violation, HACCP=Hazard Analysis-Critical Control Point, BHC=Bare Hand Contact, RTE=Ready to Eat, HSP=Highly Susceptible Population, K.S.A.=Kansas Statutes Annotated, All temperatures are measured in degrees Fahrenheit (°F). | | | | | | | | | | |
| IF YOU HAVE ANY QUESTIONS PLEASE VISIT www.agriculture.ks.gov, EMAIL fsl@kda.ks.gov | ov, OR C | ALL (| (785) | 564- | -6767 | ' . | | | | |
| COMPLIANCE KEY: Y=in compliance; N=not in compliance; O=not observed; A=not applicable inspection; R=repeat violation. | ; C=corre | ected | on-si | ite du | uring | | | | | |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | | | | | | |
| | | | | | | | | | | |
| Demonstration of Knowledge | Y | Ν | 0 | Α | С | R | | | | |
| 1. Certification by accredited program, compliance with Code, or correct responses. | •• | | •• | | •• | | | | | |
| Employee Health | Y | Ν | 0 | Α | С | R | | | | |
| 2. Management awareness; policy present. | | •• | •• | •• | •• | | | | | |
| 3. Proper use of reporting, restriction and exclusion. | | | •• | | | | | | | |
| Good Hygienic Practices | Y | Ν | 0 | Α | С | R | | | | |

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| Good Hygienic Pra | actices | | Υ | N | 0 | Α | С | R |
|--------------------|--------------------|--|-------------------|----|----|----|----|----|
| 4. Proper eating | g, tasting, drinki | ing, or tobacco use | þ | | | | | |
| 5. No discharge | e from eyes, no | se and mouth. | | | | | | |
| Preventing Contar | mination by Har | nds | Υ | N | 0 | Α | С | R |
| 6. Hands clean | and properly w | ashed. | þ | | | | | |
| 7. No bare hand | d contact with F | RTE foods or approved alternate method properly followed. | | þ | | | þ | |
| Fail Notes | 3-301.11(B) | P - FOOD EMPLOYEES may not contact exposed, READY-TO FOOD with their bare hands and shall use suitable UTENSILS as deli tissue, spatulas, tongs, single-use gloves, or dispensing EQUIPMENT. [Owner making RTE salsa with bare hands, pushing tomatoes blender with bare hands to be blended. Corrected on-Site, CO. discarded salsa, education] | such I into | - | | | | |
| 8. Adequate ha | ndwashing faci | lities supplied and accessible. | þ | •• | | •• | | |
| Approved Source | | | Υ | Ν | 0 | Α | С | R |
| 9. Food obtaine | ed from approve | ed source. | | •• | •• | •• | •• | •• |
| 10. Food receiv | ed at proper te | mperature. | | | •• | | •• | |
| 11. Food in goo | od condition, sa | fe and unadulterated. | þ | | | | | |
| 12. Required re | cords available | : shellstock tags, parasite destruction. | | | | | | |
| Protection from Co | ontamination | | Υ | Ν | 0 | Α | С | R |
| 13. Food separ | ated and proted | eted. | | | | | | |
| 14. Food-conta | ct surfaces: cle | aned and sanitized. | þ | | •• | | •• | •• |
| 15. Proper disp | osition of return | ned, previously served, reconditioned and unsafe food. | | | •• | | •• | |
| Potentially Hazard | lous Food Time | /Temperature | Υ | Ν | 0 | Α | С | R |
| 16. Proper cool | king time and te | emperatures. | | | | | | |
| 17. Proper rehe | eating procedure | es for hot holding. | | | | | | |
| 18. Proper cool | ing time and te | mperatures. | | | •• | | •• | |
| 19. Proper hot I | holding tempera | atures. | | | •• | | •• | |
| 20. Proper cold | holding temper | ratures. | | | •• | | •• | |
| 21. Proper date | marking and d | isposition. | þ | | | | | |
| 22. Time as a p | oublic health cor | ntrol: procedures and record. | | | | | | |
| Consumer Adviso | ry | | Υ | Ν | 0 | Α | С | R |
| 23. Consumer a | advisory provide | ed for raw or undercooked foods. | | | | | | |
| Highly Susceptible | e Populations | | Υ | Ν | 0 | Α | С | R |
| 24. Pasteurized | d foods used; pr | ohibited foods not offered. | • • | | •• | | | •• |
| Chemical | | | Υ | Ν | 0 | Α | С | R |
| 25. Food addition | ves: approved a | and properly used. | | | | | | |
| 26. Toxic subst | ances properly | identified, stored and used. | | | | | | |
| Conformance with | Approved Prod | cedures | Υ | Ν | О | Α | С | R |
| 27. Compliance | with variance, | specialized process and HACCP plan. | | | | | | |

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| Safe Food and Water | Υ | Ν | 0 | Α | С | |
|---|----------------|----|---|---|---|--|
| 28. Pasteurized eggs used where required. | | | | | | |
| 29. Water and ice from approved source. | | | | | | |
| 30. Variance obtained for specialized processing methods. | | | | | | |
| Food Temperature Control | Y | Ν | 0 | Α | С | |
| 31. Proper cooling methods used; adequate equipment for temperature control. | | | | | | |
| 32. Plant food properly cooked for hot holding. | | | | | | |
| 33. Approved thawing methods used. | | | | | | |
| 34. Thermometers provided and accurate. | | | | | | |
| Food Identification | Y | N | 0 | Α | С | |
| 35. Food properly labeled; original container. | | | | | | |
| Prevention of Food Contamination | Y | N | 0 | Α | С | |
| 36. Insects, rodents and animals not present. | | | | | | |
| 37. Contamination prevented during food preparation, storage and display. | | | | | | |
| 38. Personal cleanliness. | | | | | | |
| 39. Wiping cloths: properly used and stored. | þ | | | | | |
| 40. Washing fruits and vegetables. | | | | | | |
| Proper Use of Utensils | Y | Ν | 0 | Α | С | |
| 41. In-use utensils: properly stored. | | | | | | |
| 42. Utensils, equipment and linens: properly stored, dried and handled. | | | | | | |
| 43. Single-use and single-service articles: properly used. | | | | | | |
| 44. Gloves used properly. | | | | | | |
| Utensils, Equipment and Vending | Y | Ν | 0 | Α | С | |
| 45a. Food and non-food contact surfaces cleanable, properly designed, constructed and P and Pf items | d used- | þ | | | þ | |
| Fail Notes 4-202.11(A)(2) Pf - FCS (Imperfections) Multiuse FOOD-CONTACT shall be free of breaks, open seams, cracks, chips, in and similar imperfections. [Crack down the side of plastic blender container. CC | nclusions, pit | S, | | | | |
| 45b. Food and non-food contact surfaces cleanable, properly designed, constructed and Core items | d used- ·· | | | | | |
| 46. Warewashing facilities: installed, maintained, and used; test strips. | þ | | | | | |
| 47. Non-food contact surfaces clean. | þ | | | | | |
| Physical Facilities | Y | N | 0 | Α | С | |
| 48. Hot and cold water available; adequate pressure. | | | | | | |
| 49. Plumbing installed; proper backflow devices. | | | | | | |
| | | | | | | |
| 50. Sewage and waste water properly disposed. | | | | | | |

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| Physical Facilities | Y | Ν | 0 | Α | С | R |
|--|---|----|----|----|----|----|
| 52. Garbage and refuse properly disposed; facilities maintained. | | | | | | •• |
| 53. Physical facilities installed, maintained and clean. | | | | •• | •• | |
| 54. Adequate ventilation and lighting; designated areas used. | | •• | •• | | | |
| Administrative/Other | Y | Ν | 0 | Α | С | R |
| 55. Other violations | | | | | | •• |
| DUCATIONAL MATERIALS | | | | | | |

The following educational materials were provided

FOOD ESTABLISHMENT FIELD WARNING LETTER

The Kansas Food, Drug and Cosmetic Act, effective July 1, 2012, K.S.A. 65-619 et seq. and regulations promulgated pursuant thereto, grants the Kansas Department of Agriculture authority to regulate food establishments and food processing plants. The Kansas Food Code is adopted and amended by K.A.R. 4-28-8 through 15.

During the inspection today of the Food Establishment listed below, violations of the Kansas Food Code were observed. The violations are documented in the attached Kansas Food Establishment Inspection Report.

Although we will not take further action at this time based on this inspection report, repeated violations observed during future inspections may result in:

- Embargo of non-compliant products;
- immediate closure of your establishment;
- civil penalties of up to \$1,000.00 per violation;
- denial of license renewal;
- modification, suspension and/or revocation of any license or authority issued pursuant to the Kansas Food, Drug and Cosmetic Act;
- and/or any other penalty authorized by law.

Future inspections will be initiated during the next routine inspection cycle, unless we receive a complaint about the food establishment.

Insp Date: 3/19/2015 Business ID: 106002FE Inspection: 77001229

Business: NINFAS Store ID:

964 KANSAS AVE Phone: 9136211743 Inspector: KDA77

KANSAS CITY, KS 66105 Reason: 02 Follow-up

Time In / Time Out

| THICK HIT THING C | ut | | | | | | |
|-------------------|----------|----------|------|--------|-------|---------|--------|
| Date | In | Out | Insp | Travel | Total | Mileage | Notes; |
| 03/19/15 | 11:35 AM | 11:53 AM | 0:18 | 0:08 | 0:26 | 0 | |
| Total· | | | 0.18 | 0.08 | 0.26 | Λ | |